

STATEMENT OF ORGANIZATION

OFFICE USE O

1. Name and Address of Committee

LA CRNA PAC
8550 United Plaza Blvd, Suite 1001
Baton Rouge, LA 70809

2. Date of this Statement

1/11/2015

3. Estimated Membership

100

4. Amended Statement?

Check If:

New Committee _____ Monthly Filer _____

____ Yes XX No

PAC
S/O
1/30

#896566
#1395



15000938

5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)

a. Name

Cristin Clement

b. Position

XX Chairperson

c. Address

300 W. Kenilworth Street

New Orleans, LA 70124

Ashley Wilson

Treasurer

5619 Woodlawn Place

New Orleans, LA 70124

6. Affiliated Organizations

(Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)

a. Name

Louisiana Association
of Nurse Anesthetists

b. Address

8550 United Plaza Blvd., Suite 1001
Baton Rouge, LA 70809

c. Relationship to Committee

Professional Association
with some common members

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name

Capital One

b. Address

6920 Bluebonnet Blvd.

Baton Rouge, LA 70810

HAND DELIVERED

8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: _____ Principal Campaign Committee _____ Subsidiary Committee

b. Name of Candidate

N/A

c. Office Sought by the Candidate

N/A

9. a. Name of Person Preparing Report

Bland O'Connor

b. Daytime Telephone

(225) 408-4430

10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.

This 11th day of January, 2015.

Signature of Committee Chairperson

Daytime Telephone Number

Signature of Committee Treasurer, if any

Daytime Telephone Number